

TRAVEL EXPENSE CLAIM

Traveler ID Unit Code
210

ORIGINAL STAFF

BK Trip? ☐ YES ☐ No

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME
Karen Baker

Fiscal Year
2008-2009

2008TEC1740

SSN OR EMPLOYEE NUMBER*

269-52-5702

DEPARTMENT

OPR

POSITION
Executive Director

CB/ID NO.:
EXEMPT

DIVISION OF RECREATION
California Volunteers

PCA #
21401

RESIDENCE ADDRESS*
971 Castec Dr

HEADQUARTERS ADDRESS
1110 K Street Suite 210

TELEPHONE NUMBER
916-323-7646

CITY
Sacramento

STATE
CA

ZIP CODE
95864

CITY	Sacramento
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STATE
CA

95814

(1) MONTH/YEAR		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
(2)		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L.T. N/C, RELO, OR DINNER	INCIDENT- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME										MILES	AMOUNT		
												\$0.00		\$0.00
7/2	0700 1630	Sac/LA/Sac									36	\$19.80		\$19.80
												\$0.00		\$0.00
												\$0.00		\$0.00
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												\$0.00		\$0.00
												\$0.00		\$0.00
												\$0.00		\$0.00
(10)											36	19.8		\$19.80

SUBTOTALS

CLAIM TOTAL

\$ \$19.80

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

In LA for Stakeholder Kickoff Briefing for the Southern California Catastrophic Earthquake Plan

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER
4ybd289

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER	
	\$0.55

THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(15) CLAIMANT'S SIGNATURE

DATE _____

DATE 6/5/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

DATE 8.17.09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE _____